Admission Notice For Two Months Introductory Course On Ayurveda

Applications are invited for the admission of two months introductory course on Ayurveda conducted by Faculty of Ayurveda, IMS, BHU Varanasi for the academic session 2018-19. Admission would be done on merit basis. There will be six session each year.

For introductory course there are 6 cycles/year i.e. Jan-Feb, March-April, May-June, July-August, Sept-Oct, Nov-Dec. The applications are invited throughout the year and they will be placed in next cycle for minimum period of 30 days before commencing the course cycle

ELIGIBILITY
Any Indian/Foreign National having the background of school education equal to 10+2

Seats
The minimum number of seats available for the said program is 05 (five) and maximum -25.

RESERVATION OF SEATS FOR DIFFERENT CATEGORIES: The Reservations & Weightages shall be as per University Rules. Reservations will be followed as per the Govt. of India Rules and Regulations.

COURSE FEE
Course fee for introductory course from Indian Nationals is Rs. 10,000/- and for Foreign National is $1000 only

REGISTRATION FEE: Rs. 1000/- in case of General and OBC category and Rs. 750/- for SC and ST category candidates to be paid through demand draft in favour of the Registrar Banaras Hindu University Varanasi.

Last Date for submission of Application form for August session: The duly filled-in Application form must be submitted in the office of Dean, Faculty of Ayurveda, IMS, BHU, Varanasi – 221 005 latest by 15th July 2018.

Foreign Nationals may seek admission through the Ministry of External Affairs, Govt. of India, New Delhi as per the rules laid down for the purpose and their nomination must reach by 15th July, 2018. Applications of foreign nationals routed through the Government of India/Ministry of Health, Education and External Affairs under scholarship schemes; and self-financing Foreign Nationals shall be entertained for the aforesaid programmes.

Dean
Faculty of Ayurveda
IMS, BHU
Application Form for Admission to Two Month Introductory Course

Details of MICR Demand Draft

<table>
<thead>
<tr>
<th>Name address and code number of issuing branch</th>
<th>DD/BC No.</th>
<th>Date</th>
<th>Amount</th>
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1. Candidate’s Name:

2. Father’s Name:

3. Mother’s Name:

4. Date of Birth:

5. Sex: Male Female

6. Category General SC ST OBC (non-creamy layer)

7. Do you belong to Physically Challenged Category Yes No

8. Postal Address:

9. Mobile No. Phone No. (with STD code)

10. E-mail id:

11. Permanent Address:

12. Mobile No. Phone No. (with STD code)

13. Nationality if Indian, Indicate the name of your State:

   if Foreigner, Indicate the name of your Country:

14. Academic Record

<table>
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<tr>
<th>Name of the Examination</th>
<th>Board/University</th>
<th>Year of passing/appearing</th>
<th>Subjects</th>
<th>Marks obtained</th>
<th>Max.</th>
<th>%</th>
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<td>High School or equivalent examination of 10th level</td>
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Passport size Photograph To be scanned and uploaded
Intermediate or equivalent (10+2 level) |  
|  
| MBBS/BAMS/BUMS/BDS

15. Name of the institution from where you have passed the qualifying examination: ............

...................................................................................................................................................

16. Whether any disciplinary action has been taken against you? If so, state reasons, the punishment awarded and reference of authority awarding the punishment

...................................................................................................................................................

DECLARATION

I hereby declare that all the particulars stated above have been filled in by me are true and no fact has been suppressed. I have read the Information Brochure and the terms and conditions given therein and satisfied myself that I fulfil all the admission eligibility requirements. In case any information furnished by me is found wrong in future, my candidature for admission shall be cancelled outright without giving me any opportunity and further that any disciplinary action be also taken against me.

______________________________
Signature of the Candidate

Dated:______________________

Place:_______________________

List of Enclosures (Educational Qualifications):

1.

2.

3.